



APPLICATION FOR POOL AND BILLIARD HALL BUSINESS LICENSE

APPLICANT INFORMATION:			
Name of Applicant:	Last: _____	First: _____	Middle Initial: _____
Physical Address:	_____	City: _____	Zip: _____
Mailing Address:	_____	City: _____	Zip: _____
Contact Phone Number:	_____	Alternate Number:	_____
Driver's License Number:	_____	Social Security #: _____	Date of Birth: _____

BUSINESS INFORMATION:			
Name of Business: _____			
Physical Address:	_____	City: _____	State: _____ Zip: _____
Mailing Address:	_____	City: _____	State: _____ Zip: _____
Telephone Number:	_____	Alternate Number:	_____

LIST RESIDENCE ADDRESS HISTORY FOR PAST FIVE (5) YEARS:			
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____
From (Date):	_____	To (Date):	_____
Address:	_____	City: _____	State: _____ Zip: _____

Have you ever used another name:	Yes	No	
If yes, list other names used including alias, nickname, married or maiden name: _____			

BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS:			
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____
Business Name:	_____	Address:	_____
City:	_____	State:	_____ Zip: _____
From (Date):	_____	To (Date):	_____



IS THIS BUSINESS A PARTNERSHIP?				Yes	No	If yes, provide information about each partner:	
Name:	First:	Last:					
Address:	City:		State:	Zip:			
Mailing Address:	City:		State:	Zip:			
Telephone Number:	Driver's License Number:						
Name:	First:	Last:					
Address:	City:		State:	Zip:			
Mailing Address:	City:		State:	Zip:			
Telephone Number:	Driver's License Number:						

IS THIS BUSINESS A CORPORATION?				Yes	No	If yes, attach a copy of the Articles of Incorporation and provide information about each officer of the corporation:	
Name:	First:	Last:					
Address:	City:		State:	Zip:			
Mailing Address:	City:		State:	Zip:			
Telephone Number:	Driver's License Number:						
Name:	First:	Last:					
Address:	City:		State:	Zip:			
Mailing Address:	City:		State:	Zip:			
Telephone Number:	Driver's License Number:						
Name:	First:	Last:					
Address:	City:		State:	Zip:			
Mailing Address:	City:		State:	Zip:			
Telephone Number:	Driver's License Number:						
Name:	First:	Last:					
Address:	City:		State:	Zip:			
Mailing Address:	City:		State:	Zip:			
Telephone Number:	Driver's License Number:						

<p>I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.</p> <p>Signature: _____ Date: _____</p>	
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**Please return completed/signed form to: San Bernardino County Clerk of the Board,
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**



COUNTY USE ONLY

Sheriff's Department Use Only

Recommendation: ☐ Approved ☐ Denied Comments: _____

Signature: _____ Title: _____ Date: _____

Board of Supervisors Use Only

Recommendation: ☐ Approved ☐ Denied Comments: _____

Signature: _____ Title: _____ Date: _____

Clerk of the Board of Supervisors (909) 387-3841

Please Note: All fees are non-refundable. Make checks payable to Clerk of the Board.

Initial Application Fee \$33.00 Date Received: _____ Accepted By: _____
Receipt #: _____ Deputy Clerk of the Board of Supervisors

Initial License Fee \$66.00 Date Received: _____ Accepted By: _____
Receipt #: _____ Deputy Clerk of the Board of Supervisors

Renewal Fee \$82.00 Date Received: _____ Accepted By: _____
Receipt #: _____ Deputy Clerk of the Board of Supervisors

Check When Completed: Fingerprints ☐ Copy of Photo ID (Proof of Age) ☐

Date Sent to Sheriff's Department: _____ New ☐ Renewal ☐